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4							
	Application Number	10/583,196-Conf. #7713					
	Filing Date	August 9, 2007					
	First Named Inventor	Kurt Brunner					
	Art Unit	1794					
	Examiner Name	H. Vo					
	Attorney Docket Number	63572A US					

Enclosed is a paper filed under 37 CFR Payment of \$ is enclosed.	that requires a processing fee (37 CFR 1.17(i)).										
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/Jane M. Terry/	October 6, 2008										
Signature	Date										
Jane M. Terry	53,682										
Typed or printed name Registration No., if applica											

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	Complete if Known										
Fees pursuant to	7 Ippiroduori redinisor		10/583,196-Conf. #7713								
FEE			,	lugust 9, 2007							
	For FY 20	กกล					Curt Brunner				
F	FULF1 2000			Examiner Name H		H. Vo					
Applicant claims small entity status. See 37 CFR 1.27		7	Art Unit		1794						
TOTAL AMOUNT OF PAYMENT (\$) 930.00				Attorney Docket No. 63572A US							
METHOD OF	PAYMENT (check	all that apply)									
Check	Credit Card	Money Order	No	ne Other	please identit	fy):					
x Deposit Ac	count Deposit Account	lumber 04-	1512	Deposit	Account Name	The Dow C	hemical (Company			
For the	above-identified depo	sit account, the D	irector is	s hereby authorize	ed to: (che	ck all that apply)					
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FEE CALCU											
	G, SEARCH, AND E	XAMINATION FEE	S								
		LING FEES		ARCH FEES	EXAMI	NATION FEES					
Application T	ype Fee (S	Small Entity) Fee (\$)	Fee (S	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Food	Paid (\$)			
Utility	310	155	510	255	210	105	1 663	aid (ψ)			
Design	210	105	100	50	130	65					
Plant	210	105	310		160	80					
Reissue	310	155	510	255	620	310					
Provisional	210	105	0	0	020	0					
2. EXCESS CL		105		Ü	v	U		Small Entit			
Fee Description							Fee (S)	Fee (\$)			
	r 20 (including Reiss	ues)					50	25			
	nt claim over 3 (incl						210	105			
Multiple depen	dent claims	-					370	185			
Total Claims	Extra Claims	Fee (\$)	Fee	Paid (\$)	М	ultiple Depende	nt Claims				
20		Fe	ee (\$)	(S) Fee Paid (S)							
HP = highest num	ber of total claims paid for	, if greater than 20.						_			
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)											
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HP = highest num	ber of independent claims	paid for, if greater tha	n 3.								
3. APPLICATIO		1400 1									
	ition and drawings en der 37 CFR 1.52(e)),							0			
	action thereof. See 3				or sman e	nuty) for each a	duitional 3	U			
Total Sheet					ction there	of Fee (\$)	Fee	Paid (\$)			
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (-100 = /50 = (round up to a whole number) x =											
4. OTHER FEE							Fees	Paid (\$)			
Non-English	Non-English Specification. \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1251 Extension for response within first month								20.00			
		1801 Request	for con	tinued examina	tion (RCE) (see 37	8	10.00			
SUBMITTED BY											
Signature	/Jane M. Terry	/		Registration No. (Attorney/Agent)	53,682	Telephone	(979) 23	8-3424			
Name (Print/Type)	Jane M. Terry					Date	October	6, 2008			

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